

Perinatal Providers

4P's Plus© Behavioral Health Screen
MIECHV Illinois

INITIAL SCREEN

Case #: _____

Patient Name: _____ Date: _____

Date Of Birth: _____ Race/Ethnicity: _____ Age: _____

Address: _____

Patient's Phone #: _____

			Provide Domestic Violence Assessment	Provide Substance Abuse Prevention/ Education	Provide Tobacco Intervention and/or Substance Abuse Assessment
<i>Parents</i>	Did either of your parents have any problem with drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does your partner have any problem with drugs or alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<i>Partner</i>	Have you ever felt out of control or helpless?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	Does your partner ever threaten to hurt you or punish you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<i>Past</i>	In the last 2 weeks, have you felt down, depressed, or hopeless?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	
	In the last 2 weeks, have you lost interest in things that used to be fun to you?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	
<i>Pregnancy</i>	In the month before you knew you were pregnant, how many cigarettes did you smoke?	<input type="checkbox"/> None			<input type="checkbox"/> Any
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?	<input type="checkbox"/> None			<input type="checkbox"/> Any

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if Yes, complete the follow-up questions

Follow-up Questions to 4Ps Plus

- Sometimes a woman feels depressed, nervous, or stressed out. When this happens to you, do any of the following help you feel better or to relax?
 - Talk things over with friends or relatives? ☐ No ☐ Yes
 - Smoke cigarettes? ☐ No ☐ Yes
 - Smoke marijuana or pot? ☐ No ☐ Yes
 - Have a drink of beer, wine or other alcohol? ☐ No ☐ Yes
 - Take some type of pill or medication? ☐ No ☐ Yes
- And last month, about how many days a week did you usually drink beer, wine, or liquor?
 ☐ Did not drink ☐ Every day ☐ 3 to 6 days a week ☐ 1 or 2 days a week ☐ Less than 1 day a week
- During the month before you knew you were pregnant, about how many days a week did you usually use marijuana?
 ☐ Did not use any drug ☐ Every day ☐ 3 to 6 days a week ☐ 1 or 2 days a week ☐ Less than 1 day a week
- During the month before you knew you were pregnant, about how many days a week did you usually use any drug such as cocaine, heroin or meth?
 ☐ Did not use any drug ☐ Every day ☐ 3 to 6 days a week ☐ 1 or 2 days a week ☐ Less than 1 day a week
- And last month, about how many days a week did you usually use marijuana?
 ☐ Did not use any drug ☐ Every day ☐ 3 to 6 days a week ☐ 1 or 2 days a week ☐ Less than 1 day a week
- And last month, about how many days a week did you usually use any drug such as cocaine, heroin, or meth?
 ☐ Did not use any drug ☐ Every day ☐ 3 to 6 days a week ☐ 1 or 2 days a week ☐ Less than 1 day a week
- And last month, about how many days a week did you usually smoke cigarettes?
 ☐ Did not smoke ☐ Every day ☐ 3 to 6 days a week ☐ 1 or 2 days a week ☐ Less than 1 day a week

Intervention and Referrals Made: Check all that apply

- Referral**
- ☐ Brief Intervention
☐ Domestic Violence
☐ Tobacco Cessation
☐ Substance Abuse Treatment
☐ Mental Health
☐ Other, Specify: _____

- Referral Accepted?**
- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Refer for further evaluation



Date: _____ Signature: _____

Screening Site: _____